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ABSTRACT

Presented are the results of a study of admissions policies and practices in the five Ontario schools of medicine. The study consists of a review of published information and a detailed examination of 1975 statistics from the Ontario Medical School Application Service, supplemented by a series of interviews with medical school admissions officers, chairmen of admissions committees, and others involved in the admissions process in the five schools. Limited data from 1976 and 1977 are included in the study. Recommendations for improvements are made, and the responses of the Council of Ontario Faculties of Medicine to the draft recommendations are included. (MSE)

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REPORT OF A STUDY OF ONTARIO MEDICAL SCHOOL ADMISSIONS POLICIES AND PRACTICES 1975

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This report is published by the Council of Ontario Universities for the information of all who may be interested in the medical school admissions process. The Council does not necessarily endorse either the interpretations contained in the text or the recommendations presented in the final section of this report.

The report has been prepared by the COU Research Division under the direction of a project steering committee comprising:

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Minor editorial changes have been made by the COU Secretariat.

Response of the Council of Ontario Faculties of Medicine to the Report of a Study of Ontario Medical School Admissions Policies and Practices 1975

This is a summary of the responses of five individual medical schools to the recommendations in the draft report. These responses have been reviewed by COFM and it was agreed that they should go forward with the report.

The majority of the recommendations are acceptable to the majority of the schools. But there have been objections raised to several.

Recommendation 2

Ottawa does not agree that there should be non-university members on the admissions committee.

Recommendations 3 and 4

Queen's has grave reservations about the practicality of these recommendations. Recommendation 3, which proposes a single minimum grade point average, is judged too simplistic. Recommendation 4, which proposes that full information be made available on request to applicants on course and mark weighting systems employed by admissions committees, is regarded as possibly producing a large administrative load with many requests from unsuccessful applicants requiring lengthy responses.

Recommendation 8

McMaster, which gives preference to residents of certain regions, strongly objects to this recommendation, which if accepted would discontinue the practice of giving such preference. Ottawa also objects.

Recommendation 9

McMaster objects as well to this recommendation, involving how "residence" should be defined if geographical preference is given.

Recommendation 10

McMaster, Queen's, Toronto and Western object at least in part to this recommendation which would discontinue any reference to age as a criterion for admission.

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Introduction

During the early seventies there was a dramatic increase in the number of applicants seeking admission to professional programmes in Ontario universities while the number of places available remained almost constant. The sharp increase in the pressure for places in these programmes led to both public and university concern about the selection processes. The issue was formally raised in the Council of Ontario Universities in 1973 and resulted in a decision to undertake a study to determine whether the admissions processes being used in professional programmes treated applicants from all Ontario universities on a fair and equal basis. A preliminary report presented to COU in March, 1974, indicated the need for further study. It was then decided to examine separately admissions processes in selected professional disciplines, including medicine.

This Report presents the results of the study of admissions policies and practices in the five Ontario schools of medicine. Begun in 1975, it was conducted by the Research Division of COU under the supervision of a Project Steering Committee consisting of one member appointed by the Council of Ontario Faculties of Medicine (COFM), an affiliate of COU, one member from the COFM sub-committee on admissions, and one member appointed by COU from an Ontario university without a medical school.

The study was to consist of a review of published admissions policies and practices and a detailed examination of statistics from the Ontario Medical School Application Service (OMSAS), supplemented by a series of interviews with medical school admissions officers, chairmen of admissions committees and others involved in the admissions processes in the five schools. Details of the project proposal and the terms of reference of the steering committee are presented in Appendix 1.

The data presented in the Report have been compiled from the 1975 OMSAS applications files, edited to permit analysis and to eliminate errors. While many hundreds of analyses were reviewed during the course of the study, only those analyses containing information relevant to the purposes of the study are presented in the Report. It should be noted that 1975 was the first full year of operation for OMSAS and it has not been possible to determine what impact the introduction of a centralized application service had on the pattern of applications. However, since both the applicants and the schools were working with a new admissions system, it is likely that the data for this year are not representative of a developed system, either one with or one without a centralized application service. It should also be noted that limited data from 1976 and raw applications data from 1977 were studied, although these data provided in tabular form by OMSAS, are not directly comparable with the 1975 data which formed the basis for this study.

Finally, it should be noted that no review was undertaken of individual admissions decisions. Such a review was deliberately excluded from the terms of reference because it would constitute a serious infringement of the rights of the schools and of the individuals, and might constitute grounds for legal action by either party. This study examined the specific admissions policies and practices of the five medical schools.

Definitions

As a guide to the interpretation of the tables contained in this Report, the following definitions should be noted:

An applicant is a person who submitted to OMSAS an application for admission to an Ontario medical school. Applicants could request that their applications be considered by one, several or all five medical schools. Where data from an individual school are presented, an applicant is a system applicant who requested that his/her application be directed to that school.

An offer recipient is an applicant who received a favourable response from at least one medical school. A waiting list position that was not subsequently converted into a firm offer was not regarded as a favourable response. Again, depending on the context, an offer recipient is an individual who has received one or more offers of admission.

A registrant is a person who has registered in an Ontario medical school.

The Admissions Process

The most noticeable feature of any review of the admissions processes at the five Ontario medical schools is their lack of uniformity. This lack of uniformity in admissions processes has not occurred by design; rather it is the result of the historical independence of the universities and their medical schools. Ontario medical schools are constituent parts of autonomous institutions. They enjoy the right to set their own admissions policies and procedures, and they have exercised this right. The different admissions processes, moreover, are not static. They have developed over time and are continuing to develop, with some changes being made almost every year.

It should be acknowledged that the development of a "perfect" medical admissions policy is an impossible task. While in theory one might develop the means of evaluating the abilities of the graduates and correlating these with relevant admissions criteria, in practice it is impossible to measure the abilities required for a good medical practitioner according to an acceptable scale. It is very difficult to determine which of the abilities required for a successful professional have been developed during medical training and which were already present at the time the applicant was selected for medical school. Moreover, given the large number of factors that contribute to the performance of a physician and the wide range of professional activities accessible to the graduates of Ontario medical schools, it is impossible to evaluate objectively the admissions process of any school as a separate component in the training of a good medical practitioner. The qualities required for a good brain surgeon, for example, may be very different from those required for a good family doctor. An added difficulty is that the high cost of medical education precludes major experimentation with the admissions process. Society's requirements for the practice of good medicine and the competition for places in medical school render major experimentation unacceptable.

Much of the available evidence suggests that there is a correlation between high academic performance and the possession of some of the qualities which constitute a good physician. This is not to say that a person with the highest academic qualifications will make the best physician, but that a group of applicants admitted on the basis of their high academic qualifications are likely to be good physicians upon graduation from medical school.

In Ontario medical schools the admissions policies and procedures are drawn up by the admissions committee of the school. The admissions committee is not the final authority on academic policy, which is the responsibility of the university senate, but the admissions committee is obviously a very powerful force. Not only is it the major source for the development of policy and procedures, it also makes the decisions on applications for admission. The membership of the admissions committees at each of the schools is shown in Figure 1. It will be noticed that there are differences. Four of the committees have at least one member from outside the university and three contain students. The administrative procedures according to which the applications are handled are summarized in Figure 2. It should be noted that these were the procedures in effect in 1975. Since these procedures, as indicated above, are under constant review, they will have been different from those in effect several years earlier and are likely not those in effect in 1977 and 1978. Figure 3 summarizes the criteria employed by the five schools in their adjudication of the applications.

The University of Ottawa employed a relatively simple admissions system, based almost entirely on a grade point average (gpa) modified slightly by geographical preference. The initial pool of applicants was first reduced by eliminating all Ottawa area applicants with a gpa of less than 3.0, all other Ontario applicants with a gpa of less than 3.5,

and all other Canadian applicants with a gpa of less than 3.8. Those remaining were interviewed (until 1977 these interviews were purely experimental), and offers of admission were made after the interviews to those students judged to be the best.

The procedure employed by the University of Toronto was only slightly more complex. No geographical preference was applied among Ontario applicants, but a non-academic assessment was made as well as an academic one.

Queen's University requested applicants to provide more non-academic information and two more references than were required by the other schools.

Western divided the applicants into nine separate groups and judged each applicant primarily in comparison with the others in the same group.

McMaster University had the most complex process. In the initial stage, applicants were selected on the basis of a minimum grade point average, an evaluation of their letters of reference and their own letter of application, and geographic factors (to be explained below). Once admitted to the second stage, applicants faced a team interview and a simulated tutorial team evaluation. At this second stage the factors previously taken into account were judged irrelevant. A final, third stage involved a complete review of the applicants' files by another team, and offers of admission were made on the basis of this review.

None of the schools considered the sex of the applicant during the admissions process. Four of the five schools indicated that older individuals would be admitted only in exceptional circumstances, but all gave very careful consideration to applications from older applicants. Three schools did not accept applications from foreign

students unless they were sponsored by CIDA or some similar agency, although two of these accepted applications from foreign applicants who were children of alumni.

Place of residence was taken into consideration at three schools. Ottawa gave preference to residents of the Ottawa/Hull region, Western to residents of southwestern and northern Ontario. McMaster gave fairly strong preference in the first stage to applicants from the Hamilton area and from northwestern Ontario. All of these schools indicated they gave some preference to applicants resident in areas in which there was no medical school. In every case "resident" was defined in such a way that students registered in a university were considered residents of the area or region in which the university was located. Thus, for example, students registered at Lakehead University were considered residents of northwestern Ontario and students registered at Brock, Guelph, McMaster, Waterloo and Wilfrid Laurier were considered residents of the Hamilton region irrespective of where their parents resided. The "residence" requirement was a minimum of three years at the university or three years residence since the age of 14. Queen's did not give preference to applicants on the basis of geographical criteria and so stated in its published material. In a few cases involving two otherwise equally rated applicants, however, this university may have selected the applicant from Queen's over the other, since their experience had shown that non-Queen's students were more likely to decline an offer of admission.

Contrary to what appears to be a common belief, the schools in general considered all undergraduate applicants equally irrespective of their programmes of study. It was the case, however, that the required courses at four of the five schools made it more difficult for a student with an academic background in the humanities or social sciences to meet the course requirements without having carried a significantly higher course load than would be normal for such a programme. In 1975, Ottawa,

Queen's and Toronto all required four science courses in specified subjects. Western required four science courses of applicants with two years of university work and one course in organic chemistry of all other applicants.

Generally, all schools adhered to their stated minimum university experience requirements. Since the abolition of pre-medical courses in Canadian universities, it has been generally agreed that two years of university experience is a minimum requirement for admission to medical school. McMaster required three years and Western reserved six places for applicants from that University who had only one year of university but a very high academic standing. Beyond the minimum requirement, there was no discernable pattern of preference for applicants with a longer university experience or a particular degree. Queen's, however, had a policy of providing about 50% of its available places to applicants with only two years of university experience. This seemed to be giving preference to this group, but the results in terms of those actually admitted were not substantially different from the other schools. Applicants with graduate degrees or some graduate work were considered along with other applicants, but their applications might have been given closer scrutiny or reviewed under the age criteria.

Although some schools had considered using the grade point average data supplied by OMSAS, all were still using their own. This makes it difficult to compare the academic selection processes. McMaster employed either the OMSAS data or a weighted gpa based on the OMSAS scale, whichever was the more favourable to the applicant. Ottawa used the OMSAS gpa. Queen's calculated its own gpa after considering the applicant's average in all previous years of university work and after applying a subjective weighting based on the admissions committee's judgement of the academic quality of the courses and the programme(s) followed by the applicant. Toronto used a gpa calculated on the basis of the student's best three years. Western used a gpa calculated on the student's last two years modified by a weighting system for

applicants from UWO based on course mark distribution data and for all other applicants based on a subjective evaluation of the marks presented. Compiling and using a grade point average for applicants with graduate training appeared to present a particular problem, and when dealing with such applicants most schools assessed graduate experience subjectively or used a subjective system for comparing undergraduate and graduate applicants. Two of the five schools required applicants to take the Medical College Admission Test but did not use the results as a major factor in the selection process. A third included as data in the selection process applicants' best three of four MCAT sub-test scores and the verbal aptitude sub-test score even if it was not among the best three. (It should be explained that the MCAT, administered by the American College Testing Program, consisted of four sub-tests, designed to measure verbal aptitude, quantitative ability, general information, and scientific knowledge. It has now been replaced by the New MCAT, which is constructed in a totally different way.)

Secondary school grades were taken into consideration at only two schools, and here only for applicants with a minimum two years of university experience. In these cases the applicants were submitting an application soon after the completion of one year in university and information on their performance in second year was available only towards the end of the admissions cycle. This fact, however, had no major impact on the selection process at any of the schools, except in cases where there was a delay in the production of students' transcripts.

Indicators of non-academic experience were weighed differently in the five schools. Ottawa and Western used the applicants' letters of reference, letters of application and non-academic experience only as minor components in the selection process. Western mentioned that letters of reference would only be considered if they contained negative judgments. Toronto included non-academic experience as a significant component, such

experience being assessed from the applicants' autobiographical sketches and from the letters of reference. Queen's requested applicants to complete a personal information form and placed significant weight on letters of reference, specifying that at least two should be from university faculty under whom the applicant had studied and that these should contain a detailed assessment of the applicant. As previously mentioned, McMaster gave importance to applicants' letters, letters of reference and interviews. In 1975 inverviews were not in common use at the other schools, but two other schools have subsequently introduced them.

In conclusion, the study showed that each of the schools was using clearly stated admissions procedures and that these included clearly stated, though not necessarily quantitative, selection criteria. There was no evidence of "back door" methods of entry, and each school obviously took pains to ensure that offers of admission were made only after a careful review of all applicants on the basis of the procedures and criteria in use at the school.

Applicants and Offer Recipients

In 1975, 3752 individuals applied for admission to Ontario medical schools (Table 1). They submitted a total of 10929 applications, an average of 2.9 per applicant. Some 16% of the applicants gained admission. The number of applicants who received an offer but did not register was very small. Data for 1976 (Table 2) and for 1977 (3518 applicants, 10508 applications) show little change.

A meaningful comparison can be made between the number of applicants and the number of applications, but there is no meaningful relationship between the total number of offers of admission made and the total number of offer recipients because, in many cases, the operation of OMSAS will have removed an individual from active consideration in one or more schools to which an application was made as soon as an offer of admission was received from another school. In other words, when it becomes known that school X has made an offer of admission to applicant A, schools Y and Z would likely pass over A in favour of other applicants.

Worth noting is the fact that, despite the large differences among the schools in the number of available places, there were only small differences in the total numbers of applicants to each school. As a result, the University of Toronto, with a large number of places, admitted a much higher percentage of its applicants. It is also interesting that, in 1975, the percentage of offer recipients from Queen's and Toronto who chose not to register at those schools was much higher than for the other three schools.

As previously mentioned, applicants were normally required to have successfully completed at least two years of university. Table 3 shows how this regulation operated. The number of applicants who

did not meet this requirement was very small. In accordance with its stated policy, Western was prepared to admit a small number with only one year of university experience. McMaster required three years. There is the indication that the schools may have been prepared to accept a small number of mature applicants who did not meet the two-year requirement.

It is difficult to assess the effect of the various rules requiring a special review of applicants over a certain age. In 1975, no applicant over 40 received an offer and Table 4 indicates that older applicants were less likely to receive an offer. The possible reasons for this are discussed below.

Except for Toronto, which had a ceiling on the number of non-residents of Ontario accepted for admission, every school gave preference to Canadians and landed immigrants. Table 5 shows that the percentage of visa students in first year medicine in Ontario in 1975 was very small. A review of the 1976 data, in Table 6, shows that the number of Canadians may be increasing.

Tables 7 and 7A show the results of the preferences some schools gave to residents of certain geographic areas. From the data it appears that these schools were drawing a very high percentage of their students from these areas.

As explained above, each school had its own method of academic assessment. This makes it very difficult to compare their practices. It was planned originally to examine the relationship among the grade point averages calculated on the basis of the three different systems in use by the schools, but the data from OMSAS were not readily adapted to this purpose. However, on the basis of a limited study, it was generally concluded that the overall ordering of students on the basis of any of the various grade point averages would be similar for about 80% of the

total 1975 applicant pool, with significant rank changes for the remainder. In this report, the cumulative converted grade point average calculated by OMSAS is used.

There is a similar difficulty in interpreting the MCAT scores. The MCAT involved four different sub-tests, and the relationships of the scores among these sub-tests were examined. The results are presented in Table 8. It should be noted that the correlation coefficients between the various sub-tests, and between each sub-test and the grade point average, generally were low. Only two coefficients of correlation are sufficiently high to suggest they may be measuring the same dimension. Unfortunately, no studies have been undertaken to determine which of the various sub-test scores is the best predictor of success in Ontario medical schools. On the advice of the steering committee, the data presented in this report emphasize the applicants' scores on the science sub-test. A very different pattern would emerge if the scores on a different sub-test, or the average score on all sub-tests, were used.

Bearing in mind the caveats stated in the two preceding paragraphs, it should be indicated that the data presented in the various parts of Table 9 are, in fact, consistent with the stated admissions policies of the various schools. If one were arbitrarily to define an A student as one with a grade point average of greater than 3.75 and an MCAT score of 500 or better, then it appears that, except for McMaster, approximately the same number of A students applied to each medical school. As might have been expected, McMaster received many more applications from individuals for whom no grade point average and/or no MCAT score was available. Generally, the applicants with no grade point average were those who did not have a typical Ontario university background (they attended university outside the Province or they had not attended university recently) and McMaster did not require the MCAT.

Table 9F, which covers the entire applicant pool, shows that a very high percentage of applicants possessing a high gpa and a high MCAT science score were offered admission to at least one Ontario medical school.

A final item which might be considered a factor in the admissions process, although only considered at one school, is the applicant's first language. Although Ottawa does not give preference to applicants whose first language is French, it is the only medical school in Ontario in a position to serve the Francophone population. While classes are given in English, the students may write their examinations in either English or French. Table 10 shows that a substantial number of first year students in medicine at Ottawa identified themselves as Francophones.

Non-academic criteria formed a major part in the admissions processes at several schools. These do not lend themselves to any kind of statistical tabulation or analysis. The Committee was impressed with the evidence of how much care was taken in the review of the various documents and letters received on behalf of the applicants, and in the conduct of interviews. Effective steps were taken by OMSAS and by the schools to prevent and to detect forgery of letters and presentation of false information.

The results of the selection processes

Table 11 shows that the rate of acceptance of female applicants was slightly higher than that of male applicants. The admissions procedures of McMaster and Ottawa appear to have selected a significantly higher percentage of females, but Table 12, which gives data for the following year, 1976, shows that these analyses are very unstable. This suggests that the results of any examination of factors not forming part of the admissions decision-making process must be treated with caution.

Table 4 provides data on the age distribution of applicants, offer recipients and registrants. There is very little difference in the age distribution of the applicant pool or of the first year classes. As would be expected, applicants and registrants at McMaster were slightly older than those at the other schools. It appears that applicants over 25 had a slightly reduced chance of being accepted at the other four schools. These data are consistent with those on the number of years of university study. Within limits, except at McMaster, it seems that the younger the applicant the better the chance of receiving an offer. The stated admissions policies of the schools might lead one to expect this. The use of the interview, in which a more mature applicant might have an advantage, may explain the McMaster situation, and this is entirely consistent with the desire of that school to obtain a first year class of students with a diversity of experience.

The data on citizenship, presented in Table 13, are consistent with those presented in Table 5. It should be noted, however, that those identified as citizens of countries other than Canada in Table 13 include both landed immigrants and visa students. In processing applications for admission, landed immigrants are treated in the same way as Canadian citizens. The citizenship data cited here are based on the applicants' own reports and, therefore, may not be

entirely reliable. They show that, in 1975, citizens from Asian countries formed by far the largest group of foreign nationals registered in Ontario medical schools. U.S. citizens formed the the second largest group, but they represented only 2.2% of the total enrolment. The number of Canadian citizens showed a definite increase in 1976.

One of the major factors in initiating the study was the concern that students attending universities with medical schools had a better chance of being admitted to those schools than did students in universities lacking a medical school. Admissions policies reviewed above do not provide clear answers to this question and, unfortunately, the selection data do little to add further clarification.

Table 14 provides data on the university last attended for 1975 applicants, offer recipients and registrants. Table 15 provides similar data for 1976. It will be apparent that an analysis by this variable is somewhat unstable. Still, a statistical analysis covering these two years shows that, taking the entire applicant population, those applicants from universities with a medical school stood a better chance of admission than those from a university without a medical school. However, this statement does not hold for every school, and there are some universities without medical schools whose applicants enjoyed a rate of acceptance comparable with those from universities with medical schools. Given the instability of the numbers, no more definite conclusions are possible.

Table 16 illustrates the effects of the institutional policies giving geographical preference. In accordance with its stated policy, McMaster did give priority to applicants from Brock, Guelph, McMaster, Waterloo, Wilfrid Laurier and Lakehead. The policies of Ottawa gave

preference to applicants from Ottawa and Queen's, and those of Western to applicants from Western and Windsor. The policy of Toronto not to give preference based on geography was reflected in their data. It should be noted further that all schools, including Toronto, accepted applicants from outside the Province at a much lower rate than in-province applicants. A review of the 1976 data shows the same results.

Table 17 shows the grade point averages of applicants and offer recipients. These data indicate that at least this one factor may have been relevant in causing only a small percentage of applicants from certain universities being admitted to Ontario medical schools in 1975. Further comment on this is provided in the final section of the report.

Table 18 shows the highest academic degree held by 1975 applicants, offer recipients and registrants at each medical school. As might be expected from previous remarks, the majority of those applying to McMaster already held a degree, while degree holders constituted a minority at each of the other schools. However, as Table 19 shows, this was not the case in 1976. Table 19 also shows the instability of percentages relating to the acceptance rate of holders of advanced degrees, and this suggests that the level of degree held was not a major factor in the selection processes.

It is worth noting that the admissions processes employed by four of the schools appeared to favour applicants without a degree. In 1975, about 75% of the first-year class in two schools was composed of students without a degree. This is explicable perhaps by the fact that a higher percentage of degree holder applicants had left university prior to applying for admission to medical school. Data presented in Table 20 show that 94% of the non-degree applicants were working towards a degree at the time of their application, but that only 69% of applicants holding a bachelor's degree and an even smaller

percentage of applicants holding graduate degrees were registered in a university at the time of their application for admission to medical school.

Table 21 shows that, apart from McMaster, students enrolled in university at the time of their application were more likely to be accepted in medical school than those who had left university prior to submitting an application. One plausible explanation, which could not be verified through OMSAS because the data were incomplete, is that many of the applicants in this latter category had been unsuccessful applicants in previous years. The experience of one school supports the hypothesis that first-time applicants are much more likely to be admitted than applicants who have applied before. This raises some interesting questions about what students who complete two years of an undergraduate programme intending to pursue a career in medicine do when their application to medical school is rejected. Many continue in their undergraduate programme and apply again, hoping that improved grades, another year's education and experience will result in their being accepted. This practice now seems to have extended to graduate studies; and it has been suggested that some students have undertaken doctoral programmes because they believed, often erroneously, that this would improve their chances of being admitted to medicine.

At the time this study was begun, there were suggestions that some students planning to study medicine were transferring from universities without medical schools to universities with medical schools in order to improve their chances of being admitted. As indicated above, taking into consideration the system as a whole, this did not substantially increase their chances. Table 22 shows that, at least in 1975, there was no great transfer of students. Of the 401 applicants to medical school who were at the time of application enrolled in a university without a medical school, or who had last attended such a university, slightly over 13% had previously attended an Ontario university with

a medical school. No general data on interuniversity transfer covering the entire Ontario university student population is available, but the figures in Table 22 indicate that there was no mass migration of medical school applicants from universities lacking a medical school to those possessing one.

It should be understood, of course, that a study of this kind cannot assess the reasons for any student choosing a university in the first instance. That students planning a career in medicine choose the university they judge most likely to enhance their chances of gaining admission to medical school remains a plausible hypothesis. Certainly, the percentage of the total number of applicants in medicine that are registered in Ontario universities with medical schools exceeds the percentage of the total Ontario university student population represented by these same universities.

The data presented in Table 23 provide grounds for some interesting hypotheses. It would seem that applicants with very high grade point averages usually applied to three or four schools. Unpublished data support such an hypothesis. It is certainly noteworthy that, in 1975, 27% of those who applied to four schools received an offer of admission from at least one. This is not to say, of course, that if the number of students who applied to only one or two schools were to apply to four, the percentage would stay the same. It does suggest, however, that academically well qualified applicants in the normal stream like to ensure that their applications receive a high degree of exposure.

Table 24 shows that the majority of one school applicants applied to McMaster, and that the majority of applicants who applied to only four schools did not apply to McMaster. This is entirely understandable in the light of the different admissions requirements. McMaster did not require a science background and many of those who did not apply at McMaster were ineligible for admission there because they had only two years' university experience. This demonstrates very clearly

that most applicants were well aware of the differences in the admissions processes of the various schools and tailored their applicants on this basis.

There has been some curiosity about those applicants who received an offer of admission from an Ontario medical school and declined it. There was only a very small number of these in 1975, so any analysis is of limited value, but, as Table 12 shows, most of these applicants were from outside of Ontario. One can speculate that they are likely to have chosen an offer from a medical school outside the Province in preference to one from an Ontario school.

It should be obvious from the amount of data presented here that additional analyses might be done that would provide further information about the schools' processing of applications and about the characteristics of the applicants. Some of these lay beyond the resources provided for the study; others were carried out and were not published because the results did not add significantly to the tables contained herein. It is hoped that the data which are presented will illustrate the effects of the admissions processes in use in 1975, the year covered by the study.

Conclusion and Recommendations

This study was undertaken to determine whether the admissions policies and practices of Ontario's five medical schools were fair and equitable. It was not concerned with assessing the adequacy of the number of available places in these medical schools. Although a comprehensive review of alternative admissions policies and practices was beyond the scope of the study, the main finding is that Ontario possesses a satisfactory system of medical school admissions processes.

There is a healthy diversity among the admissions policies and procedures of the five schools. There is clear agreement among them as to who are the best applicants, and a very high level of consensus on high quality applicants who stand slightly below the top rank. It should be stressed in this connection, however, that the overwhelming majority of applicants to Ontario medical schools are of high calibre and would likely succeed in medical studies. The first and principal recommendation of the report develops readily from the study.

> *Recommendation 1: that each medical school continue to set its own admissions policies and practices and that the current diversity be encouraged.*

This is the principal recommendation and all others should be considered as being of lesser importance. Given the fact, however, that the limited number of places relative to the large number of applicants with high qualifications means that some highly qualified applicants are denied admission, it was judged that certain changes could be made in some areas to improve the perceived fairness of the admissions processes. The remaining recommendations are intended to serve this purpose.

It is recognized, of course, that there is no such thing as a perfect

medical admissions policy. Certainly, none has been developed to date. The diversity of the admissions processes in the five Ontario medical schools ensure that a good cross section of the population will have access to medical education. Since no single factor can predict either success in medical training or practice, it is reasonable that, above a certain minimum, an applicant with a lower academic grade point average might be chosen over one with a higher average. What is essential in the process is that the selection criteria be publicly stated and then employed in the actual process in a fair fashion.

An important finding of this study is that each medical school took great care to ensure that the admissions process employed was exactly that which was published. There is no doubt that each school scrupulously followed its own stated admissions criteria and took great care to ensure that its selection process was fair. Admissions decisions were made by a committee which was appropriately screened from direct public and political influence. Usually the dean was not involved in the detailed consideration of individual applicants, and it is certain that neither the dean nor any individual member of an admissions committee was in any position to exert undue influence.

Some schools include on their admissions committees representation from outside the medical school and even from outside the university, as a means of providing broader experience on the committee of persons not directly engaged in the study and teaching of medicine. The steering committee judged that this could be valuable.

> *Recommendation 2: that, in those schools which have not done so, serious consideration be given to adding to the admissions committee at least one representative from the university outside the school of medicine and one non-university representative.*

In examining individual applications, the first consideration of most admissions committees was the academic record of the applicant. In this context, it is not important whether this is the most significant predictor of success or simply a proxy for other important predictors. Almost all applicants had two years of university experience; some had more. Some minor inconsistencies were detected in the ways the different schools interpreted applicants' university experience. Some schools were inclined to give more weight to an applicant whose marks were improving. Some schools gave more weight to the record of the last two years rather than to the entire academic record when computing the applicant's grade point average. An analysis of the data indicates that the differences resulting from these two different methods of calculation were in fact quite small. Nevertheless, the development of a single agreed-upon definition of the grade point average to be employed in assessing all applicants could reduce confusion in the minds of applicants and at the same time remove what might appear to be a subjective element in the assessment.

Recommendation 3: that the medical schools review OMSAS data in order to develop, if possible, a common definition of grade point average to be used for all admissions processes, and publish this for prospective applicants. (Such an agreement would not prevent an individual school from giving additional weight to an applicant whose average had improved over the years.)

Recommendation 4: that those schools employing a weighting system for grades obtained in certain courses or programmes or universities provide on request full information on the system to applicants and to the universities.

Recommendation 5: that the schools clarify their statements about the criteria for admission of applicants who hold graduate degrees.

No meaningful information was accumulated during the study that would provide a basis for recommending on the minimum amount of university experience desirable for success in medical studies. The literature on the accelerated MD programme for PhDs at the University of Miami was reviewed. It was recognized, however, that any change in minimum admissions requirements would require a change in programme design, and this was judged to be outside the terms of reference of the study. However, there was some concern about the ways in which policies covering special admissions could be incorporated into the admissions process.

Recommendation 6: that, in order to avoid any apparent recruiting advantages, any medical school providing special admissions criteria on any other than an experimental basis ensure that students in similar programmes in any Ontario university are eligible to meet these criteria.

The committee also expressed some concern about the geographical preferences of some schools. This issue was compounded by two factors: first, only certain areas of the Province enjoyed preference; and secondly, the geographical preference was frequently applied to applicants on the basis of their being registered in a university in the area, not that they were from this area. There was no evidence to suggest that the number of highly qualified applicants from the preferred regions was in any proportion to the number of places set aside for them. Nor, as has been mentioned above, did the problem appear to be as serious as the published preferences would suggest. Nevertheless, the committee judged that there is no adequate justification for continuing these practices. Three recommendations follow.

Recommendation 7: that Ontario medical schools continue to give preference to applicants who are residents of Canada (Canadian citizens and landed immigrants).

Recommendation 8: that Ontario medical schools discontinue admissions policies that give preference to applicants from specified regions or areas of Ontario.

Recommendation 9: that medical schools which continue to give preference to applicants from specified regions consider as residents of such regions only those applicants whose normal family domicile is in that region. (This would exclude from the preferential category a student registered in a university in the region unless the normal family residence of that student was in the region.)

The use of admissions criteria related to age also caused some concern. The published admissions criteria did not specify firm age limits for applicants. There was no evidence provided by the study to suggest that an older person, say one over 30 years of age, would make a less satisfactory physician than one who is younger. An implied age limit seems commonly to have been imposed on the basis of considerations of public policy, in particular the high public investment in medical training relative to the length of the candidate's medical career. The committee judged such considerations to be of limited relevance.

Recommendation 10: that the age of applicants not be included as a relevant criterion when assessing applicants for admission to Ontario medical schools.

The study did not include a review of the uses made of the Medical College Admission Test, because this would have exceeded the resources provided. Moreover, the Test has now been replaced by the New MCAT,

whose effectiveness has not yet been judged. While no general recommendation can be made regarding the legitimate uses of this test, the committee did conclude that each school should provide applicants with a clear statement of the uses to which it puts the test. A simple statement that the test is required was judged insufficient.

> *Recommendation 11: that all Ontario medical schools provide applicants with a clear statement of what use they make of the results of the MCAT test.*

The next four recommendations are directed not to the medical schools but to others involved in the admissions process. They are offered as constructive comments to assist those who are not directly involved in the activities of the admissions committees but whose efforts some times produce hidden negative effects on applicants.

University faculty are frequently requested to provide letters of reference on behalf of applicants to medical schools, usually their students. The study showed that a large number of these faculty letters of reference were totally inadequate and, in some cases provided incorrect information. This can be seriously prejudicial to the applicants. Faculty providing letters of reference on behalf of medical school applicants should realize that often the success or failure of the application depends in large part on the contents of such letters.

> *Recommendation 12: that university faculty be reminded of their responsibility to provide accurate, relevant information and clear judgements in letters of reference on behalf of applicants to medical school.*

The next recommendation is directed to other university officers involved

in assisting applicants to medical schools and is made in the light of the fact that the grades awarded in different university courses are not directly comparable and that the grade point average is given great importance in assessing applications to medical schools.

> *Recommendation 13: that the universities cooperate fully with medical schools' admissions committees in providing information about grades and their meaning on behalf of applicants.*

The next recommendation is directed to those who advise applicants and to the applicants themselves.

> *Recommendation 14: that, in view of the diverse admissions policies of Ontario medical schools, applicants be advised to consider seriously directing their application to more than one school.*

It was also learned that in a number of cases medical schools have experienced difficulties in processing applications as a result of late issuance of applicants' transcripts. This can be very disadvantageous to the applicants.

> *Recommendation 15: that universities take steps to ensure that complete up-to-date transcripts are available as early in the year as possible.*

This study was based primarily on 1975 admissions policies, practices and data. Many of the recommendations contained in this report have already been implemented or are currently being considered for implementation by the medical schools. The two final recommendations are intended to carry forward the results of this study.

> *Recommendation 16: that medical school admissions statistics similar to those contained in this report be collected and*

published annually, and that further studies of the validity of criteria for admission to medical school be conducted from time to time.

Recommendation 17: that consideration be given to initiating a study of the background of persons applying for admission to medical school and of their reasons for wishing to study medicine, such a study to examine, inter alia, the following:

(a) the socio-economic background of the applicants;

(b) the reasons individuals have for deciding to pursue medical studies, and the timing of their decisions;

(c) the approach taken to implement the decision, including the programme of university studies taken prior to making an application and the university chosen for these studies; and

(d) the subsequent activities of those whose applications to medical school have been rejected.

FIGURE 1

STRUCTURE OF ADMISSIONS COMMITTEES

MEMBERSHIP	McMASTER	OTTAWA	QUEEN'S	TORONTO	WESTERN
DEAN		ex officio		ex officio	ex officio
ASSOCIATE DEAN		ex officio		ex officio	
ASSISTANT DEAN					(admissions and undergraduate) ex officio
ASSOCIATE REGISTRAR	ex officio				
SENATE REPRESENTATIVE					1 member selected by senate for 1-3 year term
ADMISSIONS OFFICER	ex officio		ex officio		ex officio
MEDICAL FACULTY MEMBERS	11 members selected by respective faculties	6 members selected by faculty council for 5 year term	4 members selected by faculty board for 4 year term	4 members selected by faculty council for 1 year term	6 members selected by faculty council for 3 year term
FACULTY MEMBERS FROM OTHER FACULTIES	3 members selected by respective faculties			3 non-voting faculty advisors	3 members selected by respective faculty councils for 1-3 year term
CHAIRMAN			Appointed annually by the Dean from the elected membership.	1 member selected by faculty council for 1 year term	
COMMUNITY REPRESENTATIVE	5 members selected by admissions committee		1 member selected by faculty board for 4 year term	4 members selected by faculty council for 1 year term	3 members selected by faculty council for 1 year renewable term
STUDENT	6 members selected by medical students		2 members selected by students society for 2 year term	4 members selected by medical society for 1 year term	
INTERN/RESIDENT	1 member selected by admissions committee				

FIGURE 2

SUMMARY OF MEDICAL SCHOOL APPLICATION HANDLING PROCEDURES

McMASTER	OTTAWA	QUEEN'S	TORONTO	WESTERN
Receive application from OMSAS.	Receive application from OMSAS.	Receive application from OMSAS.	Receive application from OMSAS.	Receive application from OMSAS.
Screen for minimum GPA of 2.5.	Eliminate the weaker (based on GPA) applicants.	Ask student to complete additional small 'Personal Information Form' and obtain two additional references.	Applicant GPA converted to school scale.	
Team evaluation of letters of reference. Team evaluation of letter of application.		Two members of admissions committee review application and classify as clearly acceptable, in doubt, primary refusal. In doubt applications are reviewed further by other members of the committee. Entire admissions committee reviews all clearly acceptable applicants.	Top 700 applications reviewed by three individuals for non-academic assessment.	Application placed into one of nine separate groups. Each group considered by a working party of the admissions committee - criteria applied depend on the group being considered. Whole pool considered by subcommittee of admissions committee. Recommendations of sub-committee considered by admissions committee.
Selection for interview based on a calculation including evaluation scores, GPA and geographic factors. Interview and simulated tutorial team evaluation.	Interview applicants, starting from top of pool. Re-examination of interviewed candidates taking into account academic performance.			
Offers made on basis of complete file review by collation group, subject to approval by the admissions committee.	Make offers.	Offers of early confirmed admission made to top applicants having 3 or more years of university. Offers made for remaining places with about one-half going to students with two years of university.	Offers made on basis of academic and non-academic assessments. (Academic - 60%; Non-academic - 40%)	Offers made and waiting lists established.

FIGURE 3

CRITERIA USED IN ADJUDICATION OF APPLICANTS

	McMASTER	OTTAWA	QUEEN'S	TORONTO	WESTERN
Sex	Not a criterion.	Not a criterion.	Not a criterion.	Not a criterion.	Not a criterion.
Age	Special review for applicants over 35.	Not a criterion.	Applicants over 35 only in exceptional circumstances.	Applicants over 30 only in exceptional circumstances.	Applicants over 25 given special consideration. Apps. over 30 considered in exceptional circumstances.
Immigration Status	Priority for Canadians and landed immigrants.	Canadians, landed immigrants, sponsored foreign students, families of alumni only.	Canadians, landed immigrants, sponsored foreign students, children of Queen's alumni residing outside Canada.	Canadians and landed immigrants only.	Canadians, landed immigrants, sponsored foreign students only.
Place of Residence	Hamilton health region and northwestern Ontario given preference.	Other things being equal, (1)Ottawa/Hull and (2)Ontario given priority.	X	Ceiling on number of non-Ontario residents accepted.	Priority is given, all things being equal, to residents of SW and N. Ontario.
University Attended	Brock, Guelph, McMaster, Waterloo, Wilfrid Laurier and Lakehead given preference as "place of residence".	Not a criterion.	At final stage only, applicant from Queen's or from a university without a medical school is chosen if two are rated equal.	X	Applicants from UWO and universities without a medical school given preference.
University Programme	Not a criterion.	Not a criterion.	X	X	2 yr. apps.: 4 hons. courses all others : from hons. pgm.
University Prerequisites	None.	General chemistry, general biology or zoology, organic chemistry.	1 full year of general and organic chemistry, general biology, zoology, general physics (including lab work).	General chemistry, organic chemistry, physics, zoology or biology.	2 yr. apps. require biology, chemistry and physics. Organic chemistry required for all prior to registration.
Length of University Experience.	3 years minimum.	2 years minimum.	No preference to applicants at any particular level of training; 50% of places may be offered to those with min. requirements. Grad. students must finish grad. school.	2 years minimum.	6 places reserved for 1 yr. UWO applicants; otherwise 2 years minimum.
University Marks	Either OMSAS converted GPA or a weighted GPA used, whichever is more favourable to student. GPA is one factor used in selection for interview. Selection of graduate students for interview does not require a GPA.	Minimum GPA's of 3.0, 3.5, 3.8 for Ottawa/Hull, Ontario, Canadian residents. OMSAS converted GPA used. Graduate students evaluated initially as separate group.	Average for each year considered. Subjective weighting for easy/difficult programmes or courses.	Best 3 years considered, GPA used. Subjective score used for graduate students.	GPA based on last 2 yrs. only, GPA weightings based on course mark distributions for UWO applicants and on subjective judgements for others.
MCAT	Not used.	Not compulsory.	Consider 3/4 scores. Verbal score also taken into account.	Required.	Required.
High School Marks	Not used.	For those with only 2 years of university.	Considered for 2 year applicants.	X	X
Applicant's Letter	Very important.	Not required.	Personal Info. Form includes questions on experience, interests, reasons for selecting Queen's. (used as proxy for interview).	1) Autobiographical sketch. 2) Letter of desire (new item for 1977). Assessed by 3 person panel.	X
Non-Academic Experience	Very important.	X	Important. Considered along with other autobiographical material.	Extra-curricular scientific activities considered. Total non-academic assessment counts 40%.	X
Letters of Reference	Very important.	X	Very important; at least two references should be from faculty members who have taught the student.	Used in non-academic assessment.	Considered only if negative.
Interview	Individual interviews and simulated tutorials very important.	Interviews experimental only.	Generally not an integral part of selection process.	After acceptance.	Mature apps. interviewed before acceptance. 3 interviews reqd. if mother tongue not english.
Special Consideration		Armed forces personnel regarded as Ottawa residents.	10% of 1st year class. Require at least a low B average. Armed forces personnel acceptable.	Armed forces personnel, CIDA students.	Applicants from UWO with 1 year university who were Ontario scholars.
Other			Candidate's previous application(s) considered part of current application.		

"X" = Not a major factor in admission decision.

TABLE 1

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY MEDICAL SCHOOL - 1975

MEDICAL SCHOOL	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS	OFFER RECIPIENTS AS % OF APPLICANTS	REGISTRANTS AS % OF APPLICANTS	REGISTRANTS AS % OF OFFER RECIPIENTS
McMASTER	2242	116	99	5.2	4.4	85.3
OTTAWA	2323	103	84	4.4	3.6	81.6
QUEEN'S	2141	116	75	5.4	3.5	64.7
TORONTO	2308	346	238	15.0	10.3	68.8
WESTERN	1915	131	105	6.8	5.5	80.2
TOTAL	10929	812	601	7.4	5.5	74.0
SYSTEM	3752	654	601	17.4	16.0	91.9

TABLE 2

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY MEDICAL SCHOOL - 1976

MEDICAL SCHOOL	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS	OFFER RECIPIENTS AS % OF APPLICANTS	REGISTRANTS AS % OF APPLICANTS	REGISTRANTS AS % OF OFFER RECIPIENTS
McMASTER	2191	112	101	5.1	4.6	90.2
OTTAWA	2069	146	84	7.1	4.1	57.5
QUEEN'S	1978	111	75	5.6	3.8	67.6
TORONTO	1962	380	251	19.4	12.8	66.1
WESTERN	1822	124	105	6.8	5.8	84.7
TOTAL	10022	873	616	8.7	6.1	70.6
SYSTEM	3527	673	616	19.1	17.5	91.5

NOTE: The definition of the applicant population used for compiling all 1976 data in this report varies slightly from that used for compiling the 1975 data. The number of applicants reported in all 1976 tables may be up to 50 less than that which would have been reported if the same definition had been used.

TABLE 3

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY LENGTH OF UNIVERSITY EXPERIENCE - 1975

MEDICAL SCHOOL		Length of University Experience in Years (percentage of total)								Total
		0	1	2	3	4	5	More Than Five Years	Part-Time	
McMASTER	Applicants	-	0.3	3.3	28.2	37.2	14.1	16.6	0.3	2242
	Offer Recipients	-	-	3.4	28.4	43.1	9.5	14.7	0.9	116
	Registrants	-	-	4.0	27.3	44.4	9.1	14.1	1.0	99
OTTAWA	Applicants	0.1	0.4	25.7	25.7	28.6	8.8	10.6	0.2	2323
	Offer Recipients	-	1.0	53.4	29.1	8.7	3.9	3.9	-	103
	Registrants	-	1.2	50.0	29.8	10.7	4.8	3.6	-	84
QUEEN'S	Applicants	-	0.4	26.7	23.9	29.6	8.1	11.2	0.2	2141
	Offer Recipients	-	-	46.6	14.7	29.3	5.2	4.3	-	116
	Registrants	-	-	49.3	12.0	30.7	4.0	4.0	-	75
TORONTO	Applicants	0.1	0.3	27.0	24.0	29.9	8.1	10.6	0.1	2308
	Offer Recipients	-	0.3	56.6	22.8	10.1	3.8	6.1	0.3	346
	Registrants	-	0.4	57.6	24.4	7.1	3.8	6.3	0.4	238
WESTERN	Applicants	-	3.0	28.0	23.8	27.4	7.9	9.8	0.2	1915
	Offer Recipients	-	4.6	43.5	15.3	25.2	6.9	4.6	-	131
	Registrants	-	5.7	46.7	10.5	27.6	4.8	4.8	-	105
SYSTEM	Applicants	0.1	1.9	21.6	24.0	29.7	10.1	12.4	0.2	3752
	Offer Recipients	-	1.2	42.2	21.6	21.9	5.7	7.2	0.3	654
	Registrants	-	1.3	44.8	21.6	20.3	5.0	6.7	0.3	601

NOTE: Length of university experience is as calculated by OMSAS and may not accurately reflect the equivalent experience of those who have taken university courses on a part-time basis or who have attended CEGEP or similar non-university post-secondary institutions.

TABLE 4

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY AGE - 1975

MEDICAL SCHOOL		% of Total in Age Range											TOTAL
		≤ 20	20	21	22	23	24	25	26	27-30	31-40	≥41	
McMASTER	Applicants	0.7	4.2	13.9	21.4	15.8	10.0	7.0	5.8	14.4	6.4	0.5	2242
	Offer Recipients	-	2.6	15.5	18.1	17.2	12.9	6.9	3.4	12.9	10.3	-	116
	Registrants	-	3.0	14.1	17.2	16.2	15.2	8.1	2.0	13.1	11.1	-	99
OTTAWA	Applicants	5.5	16.1	19.1	20.0	12.9	7.1	4.8	3.7	8.3	2.2	0.3	2323
	Offer Recipients	25.2	29.1	24.3	10.7	3.9	2.9	1.0	1.9	1.0	-	-	103
	Registrants	28.6	27.4	21.4	10.7	4.8	2.4	1.2	2.4	1.2	-	-	84
QUEEN'S	Applicants	4.6	16.8	19.8	19.8	13.0	6.5	4.7	3.6	8.3	2.7	0.2	2141
	Offer Recipients	10.3	30.2	21.6	12.9	10.3	3.4	5.2	0.9	4.3	0.9	-	116
	Registrants	8.0	32.0	22.7	14.7	12.0	5.3	2.7	1.3	-	1.3	-	75
TORONTO	Applicants	4.7	16.8	20.6	19.6	12.7	7.1	4.5	4.2	7.8	1.8	0.2	2308
	Offer Recipients	11.0	32.1	22.0	14.2	5.5	6.1	1.4	2.0	5.2	0.6	-	346
	Registrants	9.7	34.0	18.9	15.5	5.5	7.1	1.7	2.1	4.6	0.8	-	238
WESTERN	Applicants	5.9	18.6	19.1	18.8	13.8	6.6	4.0	3.6	7.8	1.7	0.2	1915
	Offer Recipients	9.9	26.7	17.6	16.8	13.7	4.6	3.8	5.3	1.5	-	-	131
	Registrants	12.4	28.6	16.2	14.3	16.2	2.9	3.8	3.8	1.9	-	-	105
SYSTEM	Applicants	5.4	14.0	17.4	17.8	12.8	7.8	5.2	4.6	10.3	4.3	0.3	3752
	Offer Recipients	10.9	24.9	19.1	14.7	10.4	6.9	3.2	2.4	5.2	2.3	-	654
	Registrants	11.0	26.8	18.5	14.8	9.8	6.8	3.2	2.3	4.5	2.3	-	601

TABLE 5

IMMIGRATION STATUS OF APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY MEDICAL SCHOOL - 1975

MEDICAL SCHOOL		percentage of total					TOTAL
		CANADIAN	LANDED IMMIGRANT	STUDENT VISA	OTHER	NOT REPORTED	
McMASTER	Applicants	74.6	14.3	3.7	4.1	3.2	2242
	Offer Recipients	90.5	8.6	-	-	0.9	116
	Registrants	90.9	9.1	-	-	-	99
OTTAWA	Applicants	83.3	15.7	0.4	0.3	0.2	2323
	Offer Recipients	93.2	6.8	-	-	-	103
	Registrants	92.9	7.1	-	-	-	84
QUEEN'S	Applicants	83.4	15.4	0.5	0.5	0.2	2141
	Offer Recipients	94.8	4.3	0.9	-	-	116
	Registrants	94.7	5.3	-	-	-	75
TORONTO	Applicants	76.6	16.1	2.6	2.4	2.3	2308
	Offer Recipients	83.2	16.2	0.6	-	-	346
	Registrants	76.9	22.7	0.4	-	-	238
WESTERN	Applicants	84.8	14.5	0.4	0.2	0.2	1915
	Offer Recipients	91.6	8.4	-	-	-	131
	Registrants	93.3	6.7	-	-	-	105
SYSTEM	Applicants	77.2	14.2	2.9	3.1	2.7	3752
	Offer Recipients	87.1	12.4	0.3	-	0.2	654
	Registrants	86.5	13.3	0.2	-	-	601

TABLE 6

IMMIGRATION STATUS OF APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY MEDICAL SCHOOL - 1976

MEDICAL SCHOOL		percentage of total					TOTAL
		CANADIAN	LANDED IMMIGRANT	STUDENT VISA	OTHER	NOT REPORTED	
McMASTER	Applicants	79.5	10.8	3.6	3.7	2.5	2191
	Offer Recipients	90.2	8.9	-	0.9	-	112
	Registrants	89.1	9.9	-	1.0	-	101
OTTAWA	Applicants	87.5	11.3	0.5	0.4	0.2	2069
	Offer Recipients	93.2	6.8	-	-	-	146
	Registrants	95.2	4.8	-	-	-	84
QUEEN'S	Applicants	87.7	11.0	0.7	0.5	0.3	1978
	Offer Recipients	97.3	2.7	-	-	-	111
	Registrants	98.7	1.3	-	-	-	75
TORONTO	Applicants	80.4	11.9	3.3	2.7	1.7	1962
	Offer Recipients	90.3	8.7	0.5	0.3	0.3	380
	Registrants	90.0	9.6	0.4	-	-	251
WESTERN	Applicants	88.2	10.6	0.4	0.4	0.3	1822
	Offer Recipients	96.0	4.0	-	-	-	124
	Registrants	97.1	2.9	-	-	-	105
SYSTEM	Applicants	81.6	10.5	2.9	3.1	1.9	3527
	Offer Recipients	91.8	7.4	0.3	0.3	0.1	673
	Registrants	92.9	6.8	0.2	0.2	-	616

TABLE 7

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY LOCATION OF PERMANENT ADDRESS - 1975

MEDICAL SCHOOL		percentage of total												
		OTTAWA AREA	THUNDER-BAY AREA	SUDBURY AREA	NORTH-CENTRAL AREA	LONDON AREA	WATERLOO AREA	HAMILTON AREA	TORONTO AREA	KINGSTON AREA	PETER-BOROUGH AREA	OUTSIDE ONTARIO	OUTSIDE CANADA	TOTAL
McMASTER	Applicants	7	2	2	1	7	5	10	31	2	1	22	12	2242
	Offer Recipients	3	5	1	4	8	7	19	39	3	1	8	2	116
	Registrants	4	5	1	5	8	7	20	37	3	1	7	1	99
OTTAWA	Applicants	15	1	2	1	7	4	7	33	3	1	25	3	2323
	Offer Recipients	71	3	1	-	4	1	2	7	1	-	10	1	103
	Registrants	80	1	1	-	2	-	1	2	-	-	11	1	84
QUEEN'S	Applicants	9	1	1	1	7	4	8	36	4	1	25	3	2141
	Offer Recipients	24	2	1	1	4	3	6	24	12	2	20	2	116
	Registrants	33	1	1	1	3	-	3	24	19	3	9	3	75
TORONTO	Applicants	8	1	1	1	7	4	7	40	2	1	21	8	2308
	Offer Recipients	9	2	1	1	12	2	8	51	1	1	9	2	346
	Registrants	6	2	1	1	10	1	8	63	1	1	5	3	238
WESTERN	Applicants	8	2	2	1	12	5	8	41	3	1	16	2	1915
	Offer Recipients	5	2	3	1	37	9	12	24	1	1	5	2	131
	Registrants	3	2	3	1	42	11	11	21	-	1	3	2	105
SYSTEM	Applicants	10	1	1	1	7	4	8	32	2	1	22	10	3752
	Offer Recipients	18	2	1	2	13	4	9	37	3	1	10	2	654
	Registrants	19	2	1	2	13	4	9	38	3	1	6	2	601

TABLE 7A

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
ACCORDING TO STATED PREFERENCE OF MEDICAL SCHOOL - 1975

MEDICAL SCHOOL	*PREFERRED AREA*	FROM PREFERRED AREA		NOT FROM PREFERRED AREA	
		Offer Recipients as % of Applicants	Registrants as % of Applicants	Offer Recipients as % of Applicants	Registrants as % of Applicants
McMASTER*	*Hamilton Waterloo Thunder Bay*	10	9	4	4
OTTAWA	*Ottawa*	21	19	2	1
QUEEN'S**	*Ottawa Kingston*	15	14	4	2
TORONTO***	*Toronto*	19	16	12	6
WESTERN	*London*	21	19	5	4

NOTES: * McMaster rules require 3 years' residence since age 14 for consideration as a resident of the preferred area. Figures in this table do not take that into account.

** Ottawa and Kingston areas - Queen's expressed no preference.

*** Toronto area - Toronto expressed no preference.

TABLE 8

CORRELATION BETWEEN MCAT SUBTEST SCORES AND CUMULATIVE AVERAGE COEFFICIENTS OF 1975 APPLICANTS TO ONTARIO MEDICAL SCHOOLS

	VERBAL	QUANTITATIVE	GENERAL INFORMATION	SCIENCE	CUMULATIVE AVERAGE
VERBAL		0.11 *S=0.001*	0.71 *S=0.001*	0.32 *S=0.001*	0.07 *S=0.001*
QUANTITATIVE	0.11 *S=0.001*		0.04 *S=0.020*	0.52 *S=0.001*	0.41 *S=0.001*
GENERAL INFORMATION	0.71 *S=0.001*	0.04 *S=0.020*		0.26 *S=0.001*	0.03 *S=0.069*
SCIENCE	0.32 *S=0.001*	0.52 *S=0.001*	0.26 *S=0.001*		0.36 *S=0.001*
CUMULATIVE AVERAGE	0.07 *S=0.001*	0.41 *S=0.001*	0.03 *S=0.069*	0.36 *S=0.001*	

NOTES: Correlation coefficients are based on a total of 2228 applicants. (Those applicants who reported the 4 MCAT subtest scores and cumulative average.)

The lower line in each cell of the matrix indicates the significance level of the correlation coefficient.

TABLE 9

APPLICANTS AND OFFER RECIPIENTS, GRADE POINT AVERAGE BY MEDICAL SCHOOL - 1975

	GRADE POINT AVERAGE										
	Not Convertible	Below 2.00	2.00-2.59	2.60-2.79	2.80-2.99	3.00-3.19	3.20-3.39	3.40-3.59	3.60-3.74	3.75-3.84	3.85-4.00
McMASTER	367/11	63/0	321/6	226/6	279/12	313/16	307/27	257/23	81/10	21/5	7/0
OTTAWA	280/3	67/0	269/1	194/0	253/4	308/3	349/3	320/26	167/33	90/21	26/9
QUEEN'S	262/9	47/0	224/1	159/2	228/2	299/6	334/20	317/28	158/20	88/22	25/6
TORONTO	272/20	54/0	224/0	174/5	229/2	313/4	367/6	359/82	191/130	96/79	29/18
WESTERN	205/5	50/0	206/1	145/2	203/4	264/9	298/13	268/25	159/33	88/29	29/10
SYSTEM	571/38	103/0	444/9	335/13	401/23	468/36	517/67	484/156	255/177	128/105	46/30

In each box, the figure to the left of the slash represents applicants, while the figure to the right of the slash represents offer recipients (e.g. 10/2 in a box means 2 of the 10 applicants with that combination of 'medical school' and GPA were accepted).

The data in this table should be interpreted only after careful consideration of the comments contained in the text of this report.

TABLE 9A

APPLICANTS AND OFFER RECIPIENTS, GRADE POINT AVERAGE BY MCAT SCIENCE TEST SCORE - 1975

MEDICAL SCHOOL: McMaster

MCAT SCIENCE TEST SCORE	GRADE POINT AVERAGE										
	Not Convertible	Below 2.00	2.00-2.59	2.60-2.79	2.80-2.99	3.00-3.19	3.20-3.39	3.40-2.59	3.60-3.74	3.75-3.84	3.85-4.00
Not Taken	210/6	34/0	167/3	104/2	103/5	98/7	75/8	56/11	26/1	4/0	4/0
Below 440	27/0	10/0	24/0	19/0	23/1	20/3	23/2	6/0	5/0		
440-469	6/0	3/0	19/0	11/0	12/0	16/1	10/3	6/1	1/0		1/0
470-499	15/1	2/0	29/0	16/0	22/2	13/0	23/2	17/2	4/1	1/1	
500-529	19/0	3/0	15/0	20/1	24/0	30/1	26/1	22/0	8/0	1/0	1/0
530-559	19/2	8/0	20/0	20/2	29/1	34/0	34/5	31/3	6/2	1/0	
560-589	15/1	2/0	19/1	14/0	25/0	33/2	31/2	30/2	11/2	2/1	
590-619	22/0		12/1	14/1	12/2	34/2	28/0	30/1	8/2	4/2	
620-649	13/1		8/0	3/0	17/1	14/0	30/2	30/2	5/0	1/0	
650-679	8/0		6/1	2/0	9/0	12/0	11/0	17/1	5/1	3/1	1/0
680-709	10/0	1/0	1/0	2/0	3/0	3/0	12/2	8/0	1/1	1/0	
Over 710	3/0		1/0	1/0		6/0	4/0	4/0	1/0	3/0	

In each box, the figure to the left of the slash represents applicants, while the figure to the right of the slash represents offer recipients (e.g. 10/2 in a box means 2 of the 10 applicants with that combination of MCAT and GPA were accepted).

TABLE 9B

APPLICANTS AND OFFER RECIPIENTS, GRADE POINT AVERAGE BY MCAT SCIENCE TEST SCORE - 1975

MEDICAL SCHOOL: Ottawa

MCAT SCIENCE TEST SCORE	GRADE POINT AVERAGE										
	Not Convertible	Below 2.00	2.00 - 2.59	2.60-2.79	2.80-2.99	3.00-3.19	3.20-3.39	3.40-2.59	3.60-3.74	3.75-3.84	3.85-4.00
Not Taken	129/2	33/0	110/0	58/0	53/0	63/1	48/1	47/15	35/20	11/7	2/2
Below 440	21/0	13/0	28/0	22/0	22/0	18/0	20/0	7/0	7/1		2/0
440-469	7/0	4/0	18/0	17/0	12/1	18/0	14/1	8/1	1/0		1/1
470-499	13/0	5/0	30/0	15/0	33/0	20/0	31/0	21/2	5/0	1/0	
500-529	23/0	3/0	18/0	21/0	33/0	35/1	31/0	28/1	15/2	3/0	1/0
530-559	19/0	6/0	23/1	24/0	32/1	47/0	41/0	44/3	19/3	7/2	1/0
560-589	11/0	1/0	18/0	13/0	24/1	31/0	48/0	44/1	28/3	6/1	2/1
590-619	24/0	1/0	9/0	14/0	18/1	34/1	45/1	43/2	18/1	15/1	4/1
620-649	14/1		9/0	4/0	14/0	17/0	40/0	40/0	17/1	15/2	1/0
650-679	8/0		4/0	5/0	7/0	16/0	16/0	25/1	14/1	19/5	5/2
680-709	7/0	1/0	1/0		5/0	4/0	10/0	7/0	6/1	8/2	5/1
Over 710	4/0		1/0	1/0		5/0	5/0	6/0	2/0	5/1	2/1

In each box, the figure to the left of the slash represents applicants, while the figure to the right of the slash represents offer recipients (e.g. 10/2 in a box means 2 of the 10 applicants with that combination of MCAT and GPA were accepted).

TABLE 9C

APPLICANTS AND OFFER RECIPIENTS, GRADE POINT AVERAGE BY MCAT SCIENCE TEST SCORE - 1975

MEDICAL SCHOOL: Queen's

MCAT SCIENCE TEST SCORE	GRADE POINT AVERAGE										
	Not Convertible	Below 2.00	2.00-2.59	2.60-2.79	2.80-2.99	3.00-3.19	3.20-3.39	3.40-2.59	3.60-3.74	3.75-3.84	3.85-4.00
Not Taken	77/0	15/0	55/0	23/0	21/0	38/0	16/0	19/2	7/0	2/0	
Below 440	23/0	13/0	26/0	21/0	24/0	20/0	21/2	6/0	8/0		2/0
440-469	7/0	4/0	19/0	14/0	12/0	16/2	13/0	7/0	2/0		1/0
470-499	17/0	3/0	33/0	14/0	33/0	18/0	33/1	22/1	5/0	2/0	
500-529	25/1	3/0	18/0	25/0	30/0	38/0	35/1	28/0	16/0	3/0	1/0
530-559	25/2	5/0	28/0	24/1	34/1	49/1	44/2	46/2	19/2	6/2	2/0
560-589	20/0	2/0	18/0	14/1	25/0	35/1	47/0	56/4	33/7	7/1	2/0
590-619	28/2	1/0	11/1	13/0	19/0	35/0	49/7	48/8	22/1	16/0	3/1
620-649	20/3		9/0	5/0	15/1	17/1	41/2	44/5	20/5	20/7	3/1
650-679	8/1		5/0	4/0	11/0	21/0	18/2	27/3	18/2	19/7	5/3
680-709	9/0	1/0	1/0	1/0	4/0	4/0	12/2	7/0	6/2	7/4	5/1
Over 710	3/0		1/0	1/0		8/1	5/1	7/3	2/1	6/1	1/0

In each box, the figure to the left of the slash represents applicants, while the figure to the right of the slash represents offer recipients (e.g. 10/2 in a box means 2 of the 10 applicants with that combination of MCAT and GPA were accepted).

TABLE 9D

APPLICANTS AND OFFER RECIPIENTS, GRADE POINT AVERAGE BY MCAT SCIENCE TEST SCORE - 1975

MEDICAL SCHOOL: Toronto

MCAT SCIENCE TEST SCORE	GRADE POINT AVERAGE										
	Not Convertible	Below 2.00	2.00-2.59	2.60-2.79	2.80-2.99	3.00-3.19	3.20-3.39	3.40-2.59	3.60-3.74	3.75-3.84	3.85-4.00
Not Taken	72/1	17/0	48/0	30/0	18/0	36/2	11/0	24/3	12/2	3/1	1/0
Below 440	23/0	12/0	31/0	18/1	23/0	22/0	21/0	5/0	6/1		2/1
440-469	13/0	5/0	19/0	17/0	13/0	14/1	13/0	8/0	2/1		1/0
470-499	15/1	5/0	32/0	17/0	29/0	26/0	36/1	25/1	6/2	2/0	
500-529	23/1	4/0	21/0	23/1	30/0	36/0	37/2	32/4	20/12	3/2	1/1
530-559	26/0	7/0	27/0	25/2	39/0	50/0	48/0	57/10	23/17	8/7	1/1
560-589	18/0	3/0	21/0	13/0	28/1	34/0	50/1	59/13	36/25	9/7	2/1
590-619	31/3	1/0	10/0	15/1	21/0	38/0	55/0	56/16	28/24	20/18	4/1
620-649	22/6		9/0	9/0	15/0	25/0	49/0	49/16	25/21	20/19	6/5
650-679	13/4		4/0	3/0	8/0	20/0	26/1	29/11	22/17	18/14	4/4
680-709	11/3		1/0	3/0	5/1	5/0	14/0	8/5	8/6	7/7	5/3
Over 710	5/1		1/0	1/0		7/1	7/1	7/3	3/2	6/4	2/1

In each box, the figure to the left of the slash represents applicants, while the figure to the right of the slash represents offer recipients (e.g. 10/2 in a box means 2 of the 10 applicants with that combination of MCAT and GPA were accepted).

TABLE 9E

APPLICANTS AND OFFER RECIPIENTS, GRADE POINT AVERAGE BY MCAT SCIENCE TEST SCORE - 1975

MEDICAL SCHOOL: Western

MCAT SCIENCE TEST SCORE	GRADE POINT AVERAGE										
	Not Convertible	Below 2.00	2.00-2.59	2.60-2.79	2.80-2.99	3.00-3.19	3.20-3.39	3.40-2.59	3.60-3.74	3.75-3.84	3.85-4.00
Not Taken	62/0	19/0	50/0	18/0	19/0	34/3	14/0	14/0	11/2	4/2	
Below 440	20/0	12/0	24/0	17/0	19/1	16/0	20/0	4/1	4/2		2/1
440-469	6/0	5/0	18/0	14/0	9/0	15/0	9/2	8/0	3/0		1/0
470-499	17/0	3/0	34/1	14/0	32/1	20/0	31/2	20/2	5/0	1/0	1/0
500-529	17/0	3/0	16/0	21/0	25/0	34/0	34/0	25/2	17/3	3/1	2/0
530-559	21/1	6/0	25/0	25/1	33/0	42/3	39/2	48/4	19/4	9/3	1/0
560-589	12/1	1/0	15/0	15/1	26/0	28/0	41/1	37/2	33/5	6/3	2/2
590-619	23/1		8/0	14/0	18/2	35/1	41/2	36/3	24/6	14/4	3/2
620-649	12/1		11/0	4/0	12/0	16/2	41/3	36/7	17/4	20/5	9/3
650-679	4/0		5/0	2/0	6/0	17/0	15/1	26/3	18/6	19/6	4/2
680-709	9/1	1/0			4/0	3/0	8/0	8/1	6/1	7/4	3/0
Over 710	2/0			1/0		4/0	5/0	6/0	2/0	5/1	1/0

In each box, the figure to the left of the slash represents applicants, while the figure to the right of the slash represents offer recipients (e.g. 10/2 in a box means 2 of the 10 applicants with that combination of MCAT and GPA were accepted).

TABLE 9F

APPLICANTS AND OFFER RECIPIENTS, GRADE POINT AVERAGE BY MCAT SCIENCE TEST SCORE - 1975

ALL APPLICANTS AND OFFER RECIPIENTS

MCAT SCIENCE TEST SCORE	GRADE POINT AVERAGE										
	Not Convertible	Below 2.00	2.00-2.59	2.60-2.79	2.80-2.99	3.00-3.19	3.20-3.39	3.40-3.59	3.60-3.74	3.75-3.84	3.85-4.00
Not Taken	300/9	59/0	213/3	140/2	133/5	130/12	106/9	96/31	56/25	14/10	6/2
Below 440	33/0	16/0	40/0	29/1	33/2	28/3	30/4	9/1	9/4		2/1
440-469	14/0	5/0	25/0	20/0	18/1	21/3	16/5	11/2	3/1		1/1
470-499	26/1	5/0	42/1	25/0	37/3	29/0	42/6	32/6	7/2	2/1	1/0
500-529	31/2	4/0	27/0	31/2	38/0	44/2	47/4	35/7	20/15	7/2	2/1
530-559	36/4	9/0	32/1	33/4	46/3	59/4	56/8	62/19	26/20	10/8	2/1
560-589	29/2	3/0	27/1	19/2	33/2	45/3	59/4	71/19	39/30	10/9	3/2
590-619	36/4	1/0	15/2	18/2	24/4	46/4	61/10	60/25	33/25	22/19	6/4
620-649	28/7		13/0	11/0	21/2	29/3	52/7	55/20	27/25	22/20	11/7
650-679	18/4		8/1	5/0	13/0	23/0	26/4	33/16	22/19	25/21	5/5
680-709	13/4	1/0	1/0	3/0	5/1	5/0	15/4	11/6	10/8	10/10	5/4
Over 710	7/1		1/0	1/0		9/2	7/2	9/4	3/3	6/5	2/2

In each box, the figure to the left of the slash represents applicants, while the figure to the right of the slash represents offer recipients (e.g. 10/2 in a box means 2 of the 10 applicants with that combination of MCAT and GPA were accepted).

TABLE 10

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY MOTHER TONGUE - 1975

MEDICAL SCHOOL		(percentage of total) ENGLISH	FRENCH	OTHER	TOTAL
McMASTER	Applicants	84	2	14	2242
	Offer Recipients	93	2	5	116
	Registrants	94	-	6	99
OTTAWA	Applicants	77	7	16	2323
	Offer Recipients	68	24	8	103
	Registrants	64	29	7	84
QUEEN'S	Applicants	83	2	15	2141
	Offer Recipients	97	1	2	116
	Registrants	97	1	1	75
TORONTO	Applicants	80	2	18	2308
	Offer Recipients	84	1	16	346
	Registrants	78	1	22	238
WESTERN	Applicants	83	2	15	1915
	Offer Recipients	93	-	7	131
	Registrants	95	-	5	105
SYSTEM	Applicants	80	5	15	3752
	Offer Recipients	85	4	11	654
	Registrants	84	4	12	601

TABLE 11

SEX OF APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS - 1975

MEDICAL SCHOOL		APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
McMASTER	Male	1610	56 (3%)	46 (3%)
	Female	632	60 (9%)	53 (8%)
OTTAWA	Male	1783	66 (4%)	53 (3%)
	Female	540	37 (7%)	31 (6%)
QUEEN'S	Male	1630	80 (5%)	55 (3%)
	Female	511	36 (7%)	20 (4%)
TORONTO	Male	1734	255 (15%)	180 (10%)
	Female	574	91 (16%)	58 (10%)
WESTERN	Male	1451	101 (7%)	80 (6%)
	Female	464	30 (6%)	25 (5%)
SYSTEM	Male	2720	447 (16%)	414 (15%)
	Female	1032	207 (20%)	187 (18%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 12

SEX OF APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS - 1976

MEDICAL SCHOOL		APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
McMASTER	Male	1507	66 (4%)	62 (4%)
	Female	684	46 (7%)	39 (6%)
OTTAWA	Male	1516	117 (8%)	64 (4%)
	Female	553	29 (5%)	20 (4%)
QUEEN'S	Male	1450	76 (5%)	54 (4%)
	Female	528	35 (7%)	21 (4%)
TORONTO	Male	1456	268 (18%)	174 (12%)
	Female	506	112 (22%)	77 (15%)
WESTERN	Male	1336	97 (7%)	83 (6%)
	Female	486	27 (6%)	22 (5%)
SYSTEM	Male	2465	471 (19%)	437 (18%)
	Female	1062	202 (19%)	179 (17%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 13

CITIZENSHIP OF APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY MEDICAL SCHOOL - 1975

MEDICAL SCHOOL		Country of Citizenship (percentage of total)								
		CANADA	U.S.A.	U.K.	ASIA	EUROPE	AFRICA	OTHER	NOT REPORTED	TOTAL
McMASTER	Applicants	74.6	9.8	2.0	7.8	1.0	2.3	2.5	-	2242
	Offer Recipients	90.5	3.4	1.7	1.7	1.7	-	0.9	-	116
	Registrants	90.9	3.0	2.0	2.0	2.0	-	-	-	99
OTTAWA	Applicants	83.3	2.0	1.0	9.2	1.2	1.2	2.0	0.1	2323
	Offer Recipients	93.2	1.9	-	2.9	1.0	-	1.0	-	103
	Registrants	92.9	2.4	-	2.4	1.2	-	1.2	-	84
QUEEN'S	Applicants	83.3	2.6	1.4	8.0	1.4	1.2	2.0	0.1	2141
	Offer Recipients	94.8	-	3.4	0.9	-	-	0.9	-	116
	Registrants	94.7	-	2.7	1.3	-	-	1.3	-	75
TORONTO	Applicants	76.6	6.5	1.4	10.1	1.5	1.6	2.1	0.1	2308
	Offer Recipients	83.2	1.7	1.4	12.4	0.6	0.3	0.3	-	346
	Registrants	76.9	2.5	1.7	17.2	0.8	0.4	0.4	-	238
WESTERN	Applicants	84.8	2.0	1.3	7.8	1.0	1.0	1.9	-	1915
	Offer Recipients	91.6	2.3	0.8	4.6	-	-	0.8	-	131
	Registrants	93.3	1.9	1.0	2.9	-	-	1.0	-	105
SYSTEM	Applicants	77.2	7.6	1.7	8.4	1.3	1.6	2.2	0.1	3752
	Offer Recipients	87.2	2.1	1.5	7.6	0.8	0.2	0.6	-	654
	Registrants	86.5	2.2	1.5	8.2	0.8	0.2	0.7	-	601

TABLE 14

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY MEDICAL SCHOOL APPLIED TO AND UNIVERSITY OF LAST ATTENDANCE - 1975

ALL APPLICANTS

UNIVERSITY LAST ATTENDED	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
BROCK	10	4 (40%)	4 (40%)
CARLETON	50	10 (20%)	9 (18%)
GUELPH	81	14 (17%)	13 (16%)
LAKEHEAD	23	5 (22%)	5 (22%)
LAURENTIAN	14	- (-)	- (-)
McMASTER	240	52 (22%)	51 (21%)
OTTAWA	260	77 (30%)	77 (30%)
QUEEN'S	271	68 (25%)	65 (24%)
TORONTO	885	180 (20%)	171 (19%)
TRENT	5	1 (20%)	1 (20%)
WATERLOO	73	18 (25%)	17 (23%)
WESTERN	428	124 (29%)	121 (28%)
WILFRID LAURIER	8	2 (25%)	1 (13%)
WINDSOR	52	16 (31%)	15 (29%)
YORK	78	7 (9%)	6 (8%)
OTHER ONTARIO	7	3 (43%)	2 (29%)
Total Ontario	2485	581 (23%)	558 (22%)
OTHER CANADIAN	726	41 (6%)	22 (3%)
OTHER NON-CANADIAN	533	30 (6%)	19 (4%)
NOT REPORTED	7	2 (29%)	2 (29%)
NONE	1	- (-)	- (-)
System	3752	654 (17%)	601 (16%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 15

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY MEDICAL SCHOOL APPLIED TO AND UNIVERSITY OF LAST ATTENDANCE - 1976

ALL APPLICANTS

UNIVERSITY LAST ATTENDED	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
BROCK	9	1 (11%)	1 (11%)
CARLETON	41	12 (29%)	12 (29%)
GUELPH	95	12 (13%)	11 (12%)
LAKEHEAD	19	3 (16%)	2 (11%)
LAURENTIAN	7	2 (29%)	2 (29%)
McMASTER	241	48 (20%)	45 (19%)
OTTAWA	258	75 (29%)	71 (28%)
QUEEN'S	328	94 (29%)	87 (27%)
TORONTO	779	165 (21%)	155 (20%)
TRENT	8	- (-)	- (-)
WATERLOO	103	26 (25%)	26 (25%)
WESTERN	449	142 (32%)	136 (30%)
WILFRID LAURIER	13	- (-)	- (-)
WINDSOR	33	7 (21%)	7 (21%)
YORK	69	9 (13%)	9 (13%)
OTHER ONTARIO	7	1 (14%)	1 (14%)
Total Ontario	2459	597 (24%)	565 (23%)
OTHER CANADIAN	608	53 (9%)	36 (6%)
OTHER NON-CANADIAN	460	23 (5%)	15 (3%)
NOT REPORTED	-	- (-)	- (-)
NONE	-	- (-)	- (-)
System	3527	673 (19%)	616 (17%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 16A

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY MEDICAL SCHOOL APPLIED TO AND UNIVERSITY OF LAST ATTENDANCE - 1975

McMASTER

UNIVERSITY LAST ATTENDED	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
BROCK	9	2 (22%)	1 (11%)
CARLETON	29	2 (7%)	2 (7%)
GUELPH	71	9 (13%)	9 (13%)
LAKEHEAD	21	4 (19%)	4 (19%)
LAURENTIAN	11	- (-)	- (-)
McMASTER	199	28 (14%)	27 (14%)
OTTAWA	82	- (-)	- (-)
QUEEN'S	126	5 (4%)	4 (3%)
TORONTO	461	22 (5%)	16 (3%)
TRENT	2	- (-)	- (-)
WATERLOO	62	7 (11%)	6 (10%)
WESTERN	189	9 (5%)	8 (4%)
WILFRID LAURIER	6	2 (33%)	1 (17%)
WINDSOR	42	3 (7%)	3 (7%)
YORK	68	4 (6%)	4 (6%)
OTHER ONTARIO	5	- (-)	- (-)
Total Ontario	1383	97 (7%)	85 (6%)
OTHER CANADIAN	443	8 (2%)	6 (1%)
OTHER NON-CANADIAN	410	10 (2%)	7 (2%)
NOT REPORTED	6	1 (17%)	1 (17%)
NONE	-	- (-)	- (-)
System	2242	116 (5%)	99 (4%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 16B

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY MEDICAL SCHOOL APPLIED TO AND UNIVERSITY OF LAST ATTENDANCE - 1975

OTTAWA

UNIVERSITY LAST ATTENDED	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
BROCK	6	- (-)	- (-)
CARLETON	41	4 (10%)	4 (10%)
GUELPH	48	2 (4%)	1 (2%)
LAKEHEAD	7	1 (14%)	- (-)
LAURENTIAN	10	- (-)	- (-)
McMASTER	151	2 (1%)	- (-)
OTTAWA	248	73 (29%)	71 (29%)
QUEEN'S	189	8 (4%)	1 (1%)
TORONTO	585	2 (1%)	1 (1%)
TRENT	2	- (-)	- (-)
WATERLOO	47	1 (2%)	- (-)
WESTERN	251	2 (1%)	- (-)
WILFRID LAURIER	3	- (-)	- (-)
WINDSOR	28	5 (18%)	3 (11%)
YORK	31	- (-)	- (-)
OTHER ONTARIO	5	- (-)	- (-)
Total Ontario	1652	100 (6%)	81 (5%)
OTHER CANADIAN	512	2 (1%)	2 (1%)
OTHER NON-CANADIAN	153	1 (1%)	1 (1%)
NOT REPORTED	5	- (-)	- (-)
NONE	1	- (-)	- (-)
System	2323	103 (4%)	84 (4%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 16C

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY MEDICAL SCHOOL APPLIED TO AND UNIVERSITY OF LAST ATTENDANCE - 1975

QUEEN'S

UNIVERSITY LAST ATTENDED	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
BROCK	6	1 (17%)	- (-)
CARLETON	28	2 (7%)	1 (4%)
GUELPH	44	- (-)	- (-)
LAKEHEAD	10	1 (10%)	- (-)
LAURENTIAN	5	- (-)	- (-)
McMASTER	136	6 (4%)	1 (1%)
OTTAWA	87	- (-)	- (-)
QUEEN'S	247	58 (23%)	56 (23%)
TORONTO	581	15 (3%)	5 (1%)
TRENT	3	- (-)	- (-)
WATERLOO	35	4 (11%)	2 (6%)
WESTERN	241	7 (3%)	2 (1%)
WILFRID LAURIER	2	- (-)	- (-)
WINDSOR	30	- (-)	- (-)
YORK	32	- (-)	- (-)
OTHER ONTARIO	5	3 (60%)	2 (40%)
Total Ontario	1492	97 (7%)	69 (5%)
OTHER CANADIAN	495	13 (3%)	3 (1%)
OTHER NON-CANADIAN	150	6 (4%)	3 (2%)
NOT REPORTED	4	- (-)	- (-)
NONE	-	- (-)	- (-)
System	2141	116 (5%)	75 (4%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 16D

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY MEDICAL SCHOOL APPLIED TO AND UNIVERSITY OF LAST ATTENDANCE - 1975

TORONTO

UNIVERSITY LAST ATTENDED	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
BROCK	6	3 (50%)	2 (33%)
CARLETON	20	2 (10%)	1 (5%)
GUELPH	45	3 (7%)	2 (4%)
LAKEHEAD	10	2 (20%)	1 (10%)
LAURENTIAN	5	- (-)	- (-)
McMASTER	142	29 (20%)	22 (15%)
OTTAWA	80	8 (10%)	6 (8%)
QUEEN'S	178	22 (12%)	3 (2%)
TORONTO	746	157 (21%)	147 (20%)
TRENT	2	1 (50%)	1 (50%)
WATERLOO	33	8 (24%)	6 (18%)
WESTERN	272	66 (24%)	26 (10%)
WILFRID LAURIER	2	- (-)	- (-)
WINDSOR	31	6 (19%)	3 (10%)
YORK	30	2 (7%)	1 (3%)
OTHER ONTARIO	3	2 (67%)	- (-)
Total Ontario	1605	311 (19%)	221 (14%)
OTHER CANADIAN	442	20 (5%)	9 (2%)
OTHER NON-CANADIAN	257	14 (5%)	7 (3%)
NOT REPORTED	3	1 (33%)	1 (33%)
NONE	1	- (-)	- (-)
System	2308	346 (15%)	238 (10%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 16E

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY MEDICAL SCHOOL APPLIED TO AND UNIVERSITY OF LAST ATTENDANCE - 1975

WESTERN

UNIVERSITY LAST ATTENDED	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
BROCK	6	3 (50%)	1 (17%)
CARLETON	16	1 (6%)	1 (6%)
GUELPH	47	1 (2%)	1 (2%)
LAKEHEAD	11	1 (9%)	- (-)
LAURENTIAN	7	- (-)	- (-)
McMASTER	138	2 (1%)	1 (1%)
OTTAWA	74	1 (1%)	- (-)
QUEEN'S	142	2 (1%)	1 (1%)
TORONTO	598	6 (1%)	2 (1%)
TRENT	1	- (-)	- (-)
WATERLOO	43	5 (12%)	3 (7%)
WESTERN	367	93 (25%)	85 (23%)
WILFRID LAURIER	3	- (-)	- (-)
WINDSOR	34	9 (26%)	6 (18%)
YORK	32	1 (3%)	1 (3%)
OTHER ONTARIO	3	1 (33%)	- (-)
Total Ontario	1522	126 (8%)	102 (7%)
OTHER CANADIAN	300	2 (1%)	2 (1%)
OTHER NON-CANADIAN	89	3 (3%)	1 (1%)
NOT REPORTED	4	- (-)	- (-)
NONE	-	- (-)	- (-)
System	1915	131 (7%)	105 (5%)

NOTE: Numbers in parentheses are percentages of applicants.

TABLE 17

APPLICANTS AND OFFER RECIPIENTS, GRADE POINT AVERAGE BY LAST UNIVERSITY ATTENDED - 1975

LAST UNIVERSITY ATTENDED	GRADE POINT AVERAGE										
	Not Convertible	Below 2.00	2.00-2.59	2.60-2.79	2.80-2.99	3.00-3.19	3.20-3.39	3.40-3.59	3.60-3.74	3.75-3.84	3.85-4.00
BROCK	2/0	2/0			2/1			1/0	2/2	1/1	
CARLETON	7/0	1/0	10/0	5/0	7/1	6/0	4/1	5/3	1/1	3/3	1/1
GUELPH	3/0	2/0	22/2	10/0	17/2	11/2	6/2	6/4	1/0	3/2	
LAKEHEAD	4/2	2/0	2/0	2/0	3/0	3/0	4/1	3/2			
LAURENTIAN	2/0		3/0	2/0		2/0	1/0	4/0			
McMASTER	13/1	10/0	42/2	28/2	29/3	41/5	26/7	30/13	11/9	9/9	1/1
OTTAWA	11/0	12/0	35/1	26/0	27/3	30/3	35/3	36/23	32/29	11/10	5/5
QUEEN'S	13/0	7/0	17/0	25/1	46/3	55/6	52/16	33/21	15/13	7/7	1/1
TORONTO	51/7	30/0	131/1	104/6	92/2	113/5	131/7	118/46	69/61	39/38	7/7
TRENT	3/0							1/0	1/1		
WATERLOO	1/0	4/0	13/0	9/0	7/0	11/1	8/4	11/6	8/6		1/1
WESTERN	46/4	12/0	43/0	31/1	40/6	43/6	61/9	59/24	49/41	31/25	13/8
WILFRID LAURIER		2/0	2/0	1/1			3/1				
WINDSOR	2/0	1/0	8/1	2/0	6/1	4/2	13/3	6/1	3/2	3/3	4/3
YORK	10/1	6/0	14/0	14/0	8/0	9/2	11/3	4/0	1/0	1/1	
OTHER ONTARIO			3/1	2/1		1/1	1/0				
OTHER CANADIAN	202/14	10/0	65/0	44/1	64/1	85/0	95/5	101/4	33/9	15/4	12/3
OTHER NON-CANADIAN	196/8	2/0	33/1	30/0	52/0	54/3	66/5	65/8	29/3	5/2	1/0
NOT REPORTED	4/1		1/0		1/0			1/1			
NONE	1/0										

In each box, the figure to the left of the slash represents applicants, while the figure to the right of the slash represents offer recipients (eg. 10/2 in a box means 2 of the 10 applicants with that combination of Last University Attended and GPA were accepted).

TABLE 18

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY HIGHEST DEGREE OBTAINED - 1975

MEDICAL SCHOOL		Highest Degree Obtained (percentage of total)					TOTAL
		NONE	BACHELOR'S	MASTER'S	PhD	OTHER DOCTORAL	
McMASTER	Applicants	36.6	49.7	11.1	2.2	0.4	2242
	Offer Recipients	25.0	55.2	16.4	1.7	1.7	116
	Registrants	22.2	58.6	17.2	1.0	1.0	99
OTTAWA	Applicants	53.9	38.4	6.2	1.2	0.2	2323
	Offer Recipients	71.8	24.3	2.9	1.0	-	103
	Registrants	67.9	28.6	3.6	-	-	84
QUEEN'S	Applicants	54.4	37.9	6.3	1.2	0.2	2141
	Offer Recipients	72.4	25.0	2.6	-	-	116
	Registrants	73.3	24.0	2.7	-	-	75
TORONTO	Applicants	55.3	37.1	5.8	1.5	0.3	2308
	Offer Recipients	76.3	17.6	5.2	0.6	0.3	346
	Registrants	75.6	18.1	5.5	0.4	0.4	238
WESTERN	Applicants	55.4	37.4	5.7	1.4	0.2	1915
	Offer Recipients	66.4	30.5	2.3	-	0.8	131
	Registrants	67.6	30.5	1.0	-	1.0	105
SYSTEM	Applicants	51.3	39.3	7.6	1.5	0.2	3752
	Offer Recipients	63.0	30.0	6.0	0.6	0.5	654
	Registrants	64.1	29.1	6.0	0.3	0.5	601

TABLE 19

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS BY HIGHEST DEGREE OBTAINED - 1976

MEDICAL SCHOOL		Highest Degree Obtained (percentage of total) NONE	BACHELOR'S	MASTER'S	DOCTORAL	NO GRAD. DEGREE	TOTAL
McMASTER	Applicants	19.1	59.3	14.0	4.5	3.1	2191
	Offer Recipients	16.1	58.0	17.0	5.4	3.6	112
	Registrants	16.8	55.4	18.8	5.9	3.0	101
OTTAWA	Applicants	42.3	46.3	8.0	1.7	1.7	2069
	Offer Recipients	69.9	28.1	0.7	1.4	-	146
	Registrants	60.7	35.7	1.2	2.4	-	84
QUEEN'S	Applicants	44.1	44.8	7.4	2.0	1.7	1978
	Offer Recipients	55.0	36.0	6.3	0.9	1.8	111
	Registrants	52.0	37.3	8.0	1.3	1.3	75
TORONTO	Applicants	42.5	44.4	9.0	2.1	2.0	1962
	Offer Recipients	71.8	22.6	4.7	0.3	0.5	380
	Registrants	72.9	21.9	4.4	0.4	0.4	251
WESTERN	Applicants	46.4	43.9	6.8	1.6	1.3	1822
	Offer Recipients	61.3	35.5	1.6	0.8	0.8	124
	Registrants	63.8	33.3	1.9	1.0	-	105
SYSTEM	Applicants	37.2	47.1	10.3	3.1	2.4	3527
	Offer Recipients	55.4	35.2	6.4	1.6	1.3	673
	Registrants	58.0	33.1	6.3	1.8	0.8	616

TABLE 20

APPLICANTS BY DATE OF LAST ATTENDANCE AT UNIVERSITY
AND HIGHEST DEGREE OBTAINED - 1975

HIGHEST DEGREE OBTAINED	Date of Last Attendance at University (percentage of total)				TOTAL
	YEAR OF APPLICATION	YEAR PREVIOUS TO APPLICATION	MORE THAN 1 YEAR PREVIOUS TO APPLICATION	NOT REPORTED	
NONE	94	3	3	1	1926
BACHELOR'S	69	14	17	-	1473
MASTER'S	50	13	37	-	287
PhD	36	5	59	-	58
OTHER DOCTORAL	25	25	50	-	8
SYSTEM	80	8	12	1	3752

TABLE 21

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY DATE OF LAST ATTENDANCE AT UNIVERSITY - 1975

MEDICAL SCHOOL		Date of Last Attendance at University (percentage of total)				TOTAL
		YEAR OF APPLICATION	YEAR PREVIOUS TO APPLICATION	MORE THAN 1 YEAR PREVIOUS TO APPLICATION	NOT REPORTED	
McMASTER	Applicants	72	11	18	1	2242
	Offer Recipients	72	14	14	1	116
	Registrants	71	14	14	1	99
OTTAWA	Applicants	85	7	8	1	2323
	Offer Recipients	98	2	-	-	103
	Registrants	98	2	-	-	84
QUEEN'S	Applicants	85	7	8	1	2141
	Offer Recipients	95	1	4	-	116
	Registrants	97	-	3	-	75
TORONTO	Applicants	85	7	8	1	2308
	Offer Recipients	90	3	6	1	346
	Registrants	91	4	5	1	238
WESTERN	Applicants	86	7	7	1	1915
	Offer Recipients	91	6	3	-	131
	Registrants	92	6	2	-	105
SYSTEM	Applicants	80	8	12	1	3752
	Offer Recipients	89	5	6	1	654
	Registrants	90	5	5	1	601

TABLE 22

INTERUNIVERSITY TRANSFER OF MEDICAL SCHOOL APPLICANTS FROM ONTARIO UNIVERSITIES - 1975

A.	Applicants to a medical school FROM an Ontario university WITHOUT a medical school	401
i)	Having previously attended an Ontario university WITHOUT a medical school	27
ii)	% of i/A	6.7%
iii)	Having previously attended an Ontario university WITH a medical school	54
iv)	% of iii/A	13.5%

B.	Applicants to a medical school FROM an Ontario university WITH a medical school	2084
i)	Having previously attended an Ontario university WITHOUT a medical school	110
ii)	% of i/B	5.3%
iii)	Having previously attended an Ontario university WITH a medical school	91
iv)	% of iii/B	4.4%

TABLE 23

APPLICANTS, OFFER RECIPIENTS AND REGISTRANTS
BY NUMBER OF SCHOOLS APPLIED TO - 1975

# OF SCHOOLS APPLIED TO	APPLICANTS	OFFER RECIPIENTS	REGISTRANTS
1	1094	116 (11%)	107 (10%)
2	550	64 (12%)	56 (10%)
3	532	111 (21%)	98 (18%)
4	741	201 (27%)	189 (26%)
5	835	162 (19%)	151 (18%)
TOTAL	3752	654 (17%)	601 (16%)

NOTE: Numbers in parentheses are percentages of applications.

TABLE 24

ALL APPLICANTS BY COMBINATION OF APPLICATIONS SUBMITTED - 1975

APPLICANTS TO ONE SCHOOL		APPLICANTS TO TWO SCHOOLS		APPLICANTS TO THREE SCHOOLS		APPLICANTS TO FOUR SCHOOLS		APPLICANTS TO FIVE SCHOOLS	
M	598	MO	127	MOQ	79	MOQT	97	MOQTW	835
O	208	MQ	38	MOT	38	MOQW	57		
Q	61	MT	123	MOW	27	MOTW	46		
T	151	MW	33	MQT	48	MQTW	49		
W	76	OQ	65	MQW	16	OQTW	492		
TOTAL	1094	OT	36	MTW	31	TOTAL	741		
		OW	9	OQT	111				
		QT	57	OQW	42				
		QW	8	OTW	54				
		TW	54	QTW	86				
		TOTAL	550	TOTAL	532				

M - McMASTER
O - OTTAWA
Q - QUEEN'S
T - TORONTO
W - WESTERN

APPENDIX 1

PROPOSAL FOR A STUDY OF ENROLMENT POLICIES AND PRACTICES IN ONTARIO MEDICAL SCHOOLS

Introduction

A preliminary report on enrolment restrictions in selected professional undergraduate programmes was presented to the March, 1974, meeting of COU. The report was incomplete and several definitional problems had been encountered. These resulted in a decision not to publish the report but to investigate extending its scope to achieve the purpose originally intended.

The first study arose out of concern over the selection procedures used when making offers of admission for those professional undergraduate programmes for which positions are seriously oversubscribed by qualified applicants. In order to pursue the questions raised in an appropriate manner it has been proposed that the study be divided into three main areas; Law, Medicine, and Dentistry. The study for Law is currently being undertaken and a report is expected later in the Spring or early Summer; this proposal relates to a similar study for Medicine. The involvement of the Ontario Medical School Application Service in 1975 admissions causes this proposal to have a somewhat different base than the extensive survey technique, institution by institution, currently being used for Law.

Procedures for Medical Study

This is the first year of operation of OMSAS. The service is gathering extensive data on the sex, age, citizenship, university experience (including universities attended, degrees and marks obtained) and Medical College Admission Test results of medical school applicants. Statistical information is being compiled and additional studies can be conducted very easily with the cooperation of OMSAS. It is proposed, therefore, that, rather than going to the substantial expense and inconvenience of a statistical study of applications in 1973 and 1974, the years being employed for the Law study, the very comprehensive data being collected by OMSAS be used as the basis of a study of applications to Ontario medical schools.

OMSAS reports to the Council of Ontario Faculties of Medicine for the purpose of statistical reports. A subcommittee of COFM (membership attached) is currently responsible for determining the statistical data which shall be compiled and published. It is proposed that COU establish a new steering committee for a study of medical school enrolment policies and practices and that this steering committee, through the COU Research Division, be given unrestricted access to OMSAS statistics. Field work and data analysis will be conducted by a COU staff research associate under the guidance of the steering committee and the preliminary report will be made to COFM. COFM will make whatever statements seem advisable on the appropriateness of the published policies on admission and what changes in policy, if any, should be introduced by universities. COU will receive the report from COFM, distribute it to universities for their guidance, and publish it for general distribution.

Proposal for Membership of Steering Committee

1 member of the COFM Subcommittee on Admissions.
1 member appointed by COFM.
1 member appointed by COU, being a person from a university not having a medical school.

Proposed Areas for Study

1. Review of published admissions policies of the Medical Schools from calendars, widely distributed pamphlets, and official publications of the profession.
2. Interviews of admissions officers to determine to what extent the published policies require interpretation in their application.
3. A detailed study of OMSAS statistics on raw numbers of applications, numbers of immediately qualifiable applications, numbers of applications to which more detailed consideration must be given, numbers of unqualified applications, by source of application (university, mature students, etc.)

4. Collection of statistics on raw numbers of acceptances, numbers of acceptances without qualification, with qualification, numbers of acceptances for which there was no registration.
5. Various analyses of acceptance characteristics - test scores, grade point averages, degrees, etc., including tests of significance of the characteristics in determining acceptance.
6. Interviews with admissions officers to determine criteria used in adjudication of borderline cases.
7. Comparison of admissions patterns to model patterns that might be inferred from the published policies and description of types and degree of deviations from expected patterns.

CFWI:bc
24/2/75

APPENDIX 2

A NOTE ON MEDICAL STUDENTS' ABILITY IN ENGLISH LANGUAGE USAGE

During the course of the study it became apparent that there was some concern in the medical schools about the ability of medical students to communicate in correct written English. It was not felt that a study of this problem fell within the terms of reference of this project.

It has come to the attention of this study committee that this matter was raised at the Subcommittee on Admissions at the Annual Meeting of the Association of Canadian Medical Colleges. The Chairman of that Subcommittee has asked that the following brief report be appended to the Report of the Study of Ontario Medical School Admissions Policies and Practices 1975:

> All of the medical schools in Canada, outside of Ontario still have English as a prerequisite, and none of them complained particularly about their students' English ability. All of the schools in Ontario, except McMaster, were very critical of their students facility in written English, and none of these schools have English as a prerequisite.